



*Youth Glide Canterbury*  
 a division of the Canterbury Gliding Club  
 which is affiliated to GLIDING NEW ZEALAND (INC)  
 PO BOX 11074 SOCKBURN

## APPLICATION FOR JUNIOR MEMBERSHIP

Full name of applicant \_\_\_\_\_  
 Residential address \_\_\_\_\_  
 Postal address: \_\_\_\_\_  
 Occupation: \_\_\_\_\_  
 Contact details: Phone. Home: \_\_\_\_\_ Work: \_\_\_\_\_ Mobile: \_\_\_\_\_  
 Email: \_\_\_\_\_  
 Date of birth: \_\_\_\_\_  
 Nominated by: 1. \_\_\_\_\_ 2. \_\_\_\_\_  
 (Club Members)

I hereby apply for **Junior Membership** (as part of **Youth Glide Canterbury**) of the Canterbury Gliding Club Inc.

- I agree to observe and abide by the rules of the Club and NZ Civil Aviation Authority.
- I agree to pay my flying bills and to keep my account in credit by \$100.
- I understand that my account will be debited for my *Annual Membership Fees* and *Accident Costs Contribution Scheme* subscription on acceptance of my membership and then on June 1st each year unless and until I have given written notice to the Secretary that I wish to terminate my membership.
- I further understand that in the event of any damage to Club aircraft due to my carelessness or neglect, I may be liable for a sum not exceeding the insurance excess. In circumstances that cannot be considered 'normal' (eg DIC, drug related accident, malicious damage etc) the amount of costs to be met by me will be at the discretion of the Executive Committee and/or their insurers.
- I **have/have not** caused damage to an aircraft or glider in the past five years.
- I declare to the best of my knowledge I suffer from no disability that will affect my flying and understand that I need to submit a medical certificate and declaration to the Club Chief Flying Instructor prior to me flying solo.

Signature of applicant \_\_\_\_\_ Date: \_\_\_\_\_

**If under 18 years the following is to be signed:**

I \_\_\_\_\_  
FULL NAME  
 being the parent / guardian of the applicant above hereby consent to his/her joining the Club and being bound by its rules.  
 Signature of parent/guardian \_\_\_\_\_ Date: \_\_\_\_\_

I enclose with this application, payment of \$ \_\_\_\_\_ to credit my account and cover the Insurance Excess Scheme:  
 Receipt number.....or I have banked ..... directly into the Canterbury Gliding Club Bank Account **01-0811-0011563-02**

**JUNIOR FLYING MEMBERS**

are defined as flying members who are less than nineteen years of age on the first day of June in the current financial year, or are a full time student, less than twenty one years of age on the first day of June in the current financial year.